

**Chapter 538**  
School-Based Health Services

**Appendix 538D**

Psychological Billing Form

# Service Record – Psychological

Medicaid Number		Student Last Name		Student First Name	
Diagnosis Code		County		School	
Individual Provider #	Beginning Date	Ending Date	Procedure	Units	
	Beginning Date	Ending Date	Procedure	Units	
	Beginning Date	Ending Date	Procedure	Units	

## Psychological Services:

Code	Procedure	Service Unit
<b>96101*</b>	Psychological Testing <i>Includes psychodiagnostic assessment of personality, psychopathology: emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report per hour (Academic assessment is also included).</i>	60 minute unit 2 units per calendar year
<b>96110 *</b>	Developmental Testing; limited <i>(e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.</i>	2 per event per calendar year per member
<b>96111*</b>	Extended with Interpretation and Report <i>Includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments,( e.g. Bayley Scales of Infant Development), with interpretation and report, per hour. (Cannot be billed in addition to 96101.)</i>	1 per hour 4 hours per calendar year per member
<b>90791</b>	Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources. Limited to initial or follow-up evaluation and do not involve psychiatric treatment.	1event per year 1 per calendar year/ per member
<b>90832</b>	Individual Psychotherapy <i>Insight oriented, behavior modifying and/or supportive, face to face with student.</i>	1 per 16-37 minutes 10 sessions per calendar year
<b>90834</b>	Individual Psychotherapy <i>Insight oriented, behavior modifying and/or supportive, face to face with student.</i>	1 per 38-52 minutes 10 sessions per calendar year
<b>90853</b>	Group Psychotherapy <i>Other than multiple-family group. (Rate is per student.)</i>	1 per 90 minutes 10 sessions per calendar year
<b>90837</b>	Psychotherapy The treatment of mental illness and behavior disturbances by using therapeutic communication	1 per 53 minutes or more 10 units per calendar year
<b>90846</b>	Family Psychotherapy (without the patient present)	1 unit per 45 minutes 10 units per calendar year
<b>90847</b>	Family Psychotherapy (with the patient present)	1 unit per 45 minutes 10 units per calendar year
<b>90839</b>	Psychotherapy for Crisis	1 unit per 60 minutes 4 per calendar year
<b>90840</b>	Additional 30 Minutes of psychotherapy for crisis, used in conjunction with 90839	1 unit per 30 minutes after the initial 60 minutes from 90839 4 per calendar year

\*If billed in conjunction (on the same date), the claims will deny. Procedure codes 96101 and 96111 are for complete batteries. An exception would be use of abbreviated batteries billed under procedure code 96101.  
All per year is based on a calendar year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date